

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 228281

1. Entity Name
FLORIDA FERTILIZER COMPANY, INC.



Principal Place of Business
194 WILL DUKE ROAD
WAUCHULA, FL 33873

Mailing Address
PO BOX 1087
WAUCHULA, FL 33873



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0878269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EDGAR L.
194 WILL DUKE RD.
WAUCHULA, FL 33873

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, EDGAR L.
STREET ADDRESS 194 WILL DUKE ROAD
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE ST
NAME BEST, GAIL D
STREET ADDRESS PO BOX 203
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE VD
NAME DAVIS, KEITH
STREET ADDRESS P.O. BOX 1413 N/A
CITY-ST-ZIP WAUCHULA, FL

TITLE VD
NAME BEST, CHUCK
STREET ADDRESS P.O. BOX 203 N/A
CITY-ST-ZIP WAUCHULA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000946808
05/30/08-80068-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

863-773-4159

Daytime Phone #